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Summary

URINARY LITHOGENIC PROFILE AND GUT AND URINARY MICROBIOTA IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

Franco Scaldaferri

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In a prospective study of 48 IBD patients, nephrolithiasis was more common in Crohn's disease than ulcerative colitis and was associated with higher urinary oxalate and gut microbiota imbalance favouring Bacteroidetes over Firmicutes.

KEY POINTS

- Nephrolithiasis occurred in 32% of Crohn's disease patients versus 13% of ulcerative colitis patients in this 48-patient cohort.
- Crohn's disease patients had lower 24-hour urinary volume and higher 24-hour oxaluria compared to ulcerative colitis patients, and oxaluria was higher in those with previous or present nephrolithiasis.
- Patients with elevated calcium oxalate relative saturation ratio showed significantly different gut microbiota β-diversity, with higher Bacteroidetes and lower Firmicutes abundance, while urinary microbiota showed no significant differences.
- The authors conclude these findings confirm oxalate excretion's role in nephrolithiasis pathogenesis and suggest the Firmicutes/Bacteroidetes imbalance may help identify IBD patients at higher risk for kidney stones.
- This material would be relevant to gastroenterologists and nephrologists managing IBD patients with nephrolithiasis risk factors.

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